

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
 85 – 7TH PLACE EAST, SUITE 600
 ST. PAUL, MINNESOTA 55101
 (651) 296-6319



DESIGNATED HOME STATE
INDIVIDUAL INSURANCE ADJUSTER
LICENSE APPLICATION

(For Department Use Only)

Please note that you can only use this form if (a) neither the state in which you physically reside nor your principal place of business licenses adjusters for the line of authority that you are seeking, or (b) you are a resident of Canada.

Tennessen Warning Notice

Important information that you should read before completing this form appears on page 7.

APPLICANT INFORMATION *(please print or type)*

Last Name		Jr./Sr. etc.		First Name		Middle Name	
Residence/Home Address (Physical Street)							
City			State/Province		Zip Code	Foreign Country	
Date of Birth (mm/dd/yyyy)		Home Phone Number ()			Social Security Number (if you are a resident of Canada, leave this blank)		
		Individual Applicant E-mail address			If assigned, National Producer Number (NPN)		
Gender (Circle One) Male Female		Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the United States.)					
E-mail Address for Business Use							
Business Entity Name							
Business Address (Physical Street)		P.O. Box	City	State	Zip Code	Foreign Country	
Business Phone Number (include extension) ()		Business Fax Number ()		Business Website Address			
Applicant's Mailing Address		P.O. Box	City	State	Zip Code	Foreign Country	
List any other assumed, fictitious, alias, maiden, or trade names that you have used in the past.							
List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval.)							

Did you qualify for this license type by passing an adjuster examination? Yes ☐ No ☐ Comments _____

If yes, which state _____

What line(s) of authority did the adjuster exam cover (crop, workers' comp, property/casualty, etc.)? _____

Have you complied with the requirement to be fingerprinted? ☐ Yes ☐ No

AGENCY OR BUSINESS ENTITY AFFILIATIONS

Complete only if you are to be licensed as an active member of the business entity

List your Insurance Agency Affiliations

FEIN	NPN	Name of Agency
FEIN	NPN	Name of Agency
FEIN	NPN	Name of Agency
FEIN	NPN	Name of Agency
FEIN	NPN	Name of Agency

EMPLOYMENT HISTORY

Account for all time for the past five years. Give all employment experience starting with your current employer and working back five years. Include full- and part-time work, self-employment, military service, unemployment, and full-time education.

	FROM		TO		Position Held
	Month	Year	Month	Year	
NAME CITY FOREIGN COUNTRY STATE					
NAME CITY FOREIGN COUNTRY STATE					
NAME CITY FOREIGN COUNTRY STATE					
NAME CITY FOREIGN COUNTRY STATE					

 **MAKE A COPY OF THIS FORM FOR YOUR RECORDS**

TYPE OF LICENSE REQUESTED (check one box below)

☐ Resident License (Designated Home State will be Minnesota)

☐ Nonresident License. Designated Home State: _____ License #: _____

LICENSE CLASS AND FEES (check one box below)

<input type="checkbox"/> INDEPENDENT ADJUSTER	<input type="checkbox"/> PUBLIC ADJUSTER	<input type="checkbox"/> PUBLIC ADJUSTER SOLICITOR	<input type="checkbox"/> CROP HAIL ADJUSTER
License fee \$50 Technology surcharge \$25	License fee \$50 Technology surcharge \$25	License fee \$50 OET surcharge* \$5	License fee \$50 OET surcharge* \$5
TOTAL FEE \$75	TOTAL FEE \$75	TOTAL FEE \$55	TOTAL FEE \$55
Check box(es) below: <input type="checkbox"/> CROP <input type="checkbox"/> PROPERTY AND CASUALTY <input type="checkbox"/> WORKERS' COMPENSATION	Check box(es) below: <input type="checkbox"/> CROP <input type="checkbox"/> PROPERTY AND CASUALTY <input type="checkbox"/> WORKERS' COMPENSATION Attach \$10,000 Public Adjuster surety bond	*In accordance with Minn. Stat. §16E.22, this surcharge is being collected on behalf of the Minnesota Office of Enterprise Technology to fund a statewide electronic licensing system.	*In accordance with Minn. Stat. §16E.22, this surcharge is being collected on behalf of the Minnesota Office of Enterprise Technology to fund a statewide electronic licensing system.

PAYMENT INFORMATION

The total fee, in the form of a check made payable to "**Minnesota Department of Commerce**," must accompany the application.

Mail or deliver the completed, signed application, together with supporting documents and the fee to the Department of Commerce, Licensing Division, 85 – 7th Place East, Suite 500, St. Paul, Minnesota 55101-2198.

Should there be any questions, please contact the Licensing Division at (651) 296-6319 or licensing.commerce@state.mn.us.

Background Information

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ____ No ____

NOTE: "Crime" includes a misdemeanor, a felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or a breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A ____ Yes ____ No ____

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.) N/A ____ Yes ____ No ____

2. Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes ____ No ____

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company

You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ____ No ____

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer, director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___
- If you answer yes,
- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes ___ No ___
- c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___
- (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)
8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? Yes ___ No ___
- If you answer yes:
- Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes ___ No ___
- Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.
9. Do you have any unclaimed property that has not been reported as required by Minnesota Statutes, Chapter 345.37? Yes ___ No ___

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)



**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**
85 – 7th Place East
St. Paul, Minnesota 55101
(651) 296-6319

BCA FORM

Bureau of Criminal Apprehension
Criminal Background Check

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS, AND IF THE LICENSE IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, QUALIFYING PERSON, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10% OF THE CORPORATION'S STOCK, LLC OWNERS/GOVERNORS, MANAGERS, OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for Criminal Background Check, and
Request for Disclosure/Verification of Tax Identification Number

PROVIDE PERSON'S COMPLETE LEGAL NAME Please Print			
LAST NAME (if legal last name is hyphenated, enter both names here)			
FIRST NAME		MIDDLE NAME	
ADDITIONAL MIDDLE NAME (if applicable)	MAIDEN NAME (if applicable)	FORMER LAST NAME or OTHER NAME (if applicable)	
DATE OF BIRTH (mo/day/yr)		SOCIAL SECURITY NUMBER	
TYPE OF LICENSE FOR WHICH YOU ARE APPLYING			
THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY:			
NAME OF THE COMPANY: _____			
COMPANY'S ASSUMED NAME (if applicable): _____			
COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER: _____			
YOUR TITLE OR POSITION IN THE COMPANY: _____			

CERTIFICATION AND AUTHORIZATION:

- I, the undersigned, and my company have made application to the Minnesota Department of Commerce for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.
- I hereby request and authorize the Minnesota Department of Revenue to disclose or verify the state tax identification number.

Signature (mandatory)

Date

On this application, the Minnesota Department of Commerce asks you for information, like your Social Security number, that is classified as “private data” under the Minnesota Government Data Practices Act (*Minnesota Statutes*, chapter 13). The Data Practices Act requires any governmental entity asking an individual to supply private data to inform the individual of:

- (a) the purpose and intended use of the requested data;
- (b) whether the individual may refuse to supply the requested data or is legally required to supply it;
- (c) any known consequence of supplying or refusing to supply private data; and
- (d) the identity of other persons or entities authorized by state or federal law to receive the data.

The information contained in (a)-(d) is called a “Tennessee Warning” and is set forth below. The Tennessee Warning also satisfies the federal notice requirement under 5 U.S.C. § 552a Note, which is triggered by our request for your Social Security number in the application.

If the Commissioner of Commerce issues a registration to you, all information contained in your application, except your Social Security number and nondesignated addresses, will be public pursuant to *Minnesota Statutes*, section 13.41, subdivision 5.

TENNESSEN WARNING

(a) Purpose and Intended Use of the Data

The data you give us about yourself is needed to:

- identify you;
- enable us to contact you when required;
- assist us in determining your qualifications and eligibility for the registration you are applying for;
- comply with certain federal and state reporting requirements; and
- evaluate the administration and management of this licensing/registration program.

(b) Disclosure: Mandatory or Voluntary?

You are legally required to supply all of the data required on the application form pursuant to *Minnesota Statutes*, section 72B.041. In particular, you must provide your Social Security number pursuant to 42 U.S.C. § 666(a)(13) and *Minnesota Statutes*, section 270C.72, subdivision 4. You are not legally required to supply any other data requested on the application.

(c) Consequences of Supplying or Refusing to Supply Requested Data

If you supply all of the requested data, your application will be processed. If you refuse to supply data requested on the application, your application will not be processed. Whatever information you do supply to the Department will be maintained by us, whether or not your application is approved.

(d) Others Authorized to Receive the Data

The information about you that is collected on the application will be classified as either public or private data. Public data will be accessible to the public. Private data about you will be accessible only to:

- you;
- state personnel who determine your eligibility for licensure;
- employees of license database vendors;
- the Minnesota Department of Revenue (*Minnesota Statutes*, section 270C.72, subd. 4);
- the public authority responsible for child support in Minnesota (*Minnesota Statutes*, section 256.978);
- any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety;
- person(s) authorized by a court order; or
- any other person authorized by state or federal law.